

NORTH CAROLINA STATE BOARD OF **ELECTIONS AND ETHICS ENFORCEMENT**

2018 STATEMENT OF ECONOMIC INTEREST

Date Received:

FOR COMPLIANCE UNIT USE ONLY

CANDIDATE

919-814-3600

www.ncsbe.gov/Ethics/SEI

THIS ENTIRE FORM MUST BE COMPLETED TO FULFILL YOUR ELECTION FILING OBLIGATION

Checked for completion 2 scanned
Incomplete ?s
Supp. Sent Date By
Supp. Received Date
Entered in database & By 04 23 18
Evaluated By Date

				Evaluated By	Date
2018 ELI	ECTION CANDIDATE FIL	ER'S NAME (FIRST, MIDDLE	E, LAST)		
Prefix	First Name	Middle Name	Last Name		Suffix
	HAROLD	WIKIAM	PETERSON		
CURREN	T EMPLOYER		JOB TITLE		
<u> </u>	SELF				
NATURE	OR TYPE OF BUSINESS		<u> </u>		
	RESORT/TO	RISM			
REASON	FOR FILING (SELECT	ALL THAT APPLY)	, · · · · · · · · · · · · · · · · · · ·		
CAND	IDATE For (Please spec	ify the office for which you		~	
	NORTH GA	EXLINA SENA	TE DIS	steict 9	
	E GOVERNMENT JOB (P hich you work or are be	lease specify the agency ling considered)		ION (Please list comple which you are serving or	
	CIAL OFFICER (Please s	pecify the office you hold)	ELEGISLATOR (Plea	se specify House or Se	nate)
			LSENATE		
Yes When us includes	☐ No sed throughout this forr members of your exter	ly members reside in you n, the term Immediate far nded family (your and your s th of those persons) who re	nily includes your spo spouse's children, grai	ndchildren, parents, gra	arated). It also andparents, and

FULL NAME Emancipa			RELATIONSHI	P EMPL	OYER	JOB TITLE	NATURE OF BUSINESS
'AMELA	DOD	Æ	WIFE	SEC	F	VP	RESORT/TOLE
b title and t	the natur	e of the l		ploys them be	low. A mine	or is a child under	lationship to you, employer, 18 years old. Minors are
lote: You n ocument.	nust list	the full	name of each c	hild on the C	onfidential	Form available	at the end of this
<u>INITIALS</u> INEMANCI CHILDR	PATED	RELA	TIONSHIP	EMPLO'	YER	JOB TITLE	NATURE OF BUSINESS
htm		***************************************					
						· · · · · · · · · · · · · · · · · · ·	
ROPERTY	INTERI	STS					
. As of <u>Dece</u>	mber 31	<u>2017</u> , d	id you, your spor	use, or membe	ers of your i	mmediate family:	
\$10,000	or more		est in North Card	olina real estat	e (including	your residence)	with a market value of
Yes	□No						
Owner o				nip Interest		ition by City	Location by County
ARELDW			50%		FR. 8 MACH	ET ST.	New Hower County
PAMELA HEOLD W	TELEST TODG	aNJ	50%			ANGE ST	NEW LANDUM COUTY
DAMELA	DODGE	•	90% 50%		GILLA	we wil	
AROXD W	DETER	VOC.	25%		1205	F2001-ST	New HANDER COUNTY
	Objects	7				ustal -	
100.00	MOGE	-70V	70% 50%			MY PEROPO TO	
APOCO L			50% 50%		10 mag	WA CHANGE	Benswick County
Pameur 1	. i ⊬ac⊓n≕a		506/2			HERDISCAND	
PAMELA I		.					
PAMELA HAROLD U PAMELA HAROLD U	器化	250~3	40%g	<u>, e</u>	96 KF6	(Sort ROW	Beneval Courter
PAMELA HAROLD U PAMELA HAROLD U PAMELA	1966 13000	المريخ -	30%		96 KFE	(SOM POW) HUD ISCAND	4 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
PAMELA HAROLD W HARLA HARLD C JAMELA HARALD W		المحر المحر	90% 50%	may day 18 year	96 KF6	(SOM FOW)	Benower conty
HAROLD W HAMELA HARLLO U	CORCI PERE CORCI	Lvocs Lvocs	30%		96 KFE BACO 2BACO	(SOM POW) HUD ISCAND	4 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4

List the full name of all adults and emancipated minors in your household, and relationship to you, employer, job title

\$10,000 or more?

	Name of Lessee (Renter)	If Real Estate, Location by City & County	If Personal Property, Describe
At any time during 2016 or 20 ate of North Carolina personal	017, did you, your spouse, o property with a market valu	r members of your <u>immediate</u> fa le of \$10,000 or more?	mily <u>sell to or buy from the</u>
☐ Yes ☑ No			
Name of Purchaser Na		of Seller	Type of Property
NANCIAL INTERESTS			
As of <u>December 31, 2017</u> , did terests valued at \$10,000 or n A. <u>Stock</u> in a publicly owned	nore?	ers of your <u>immediate</u> family own	any of the following finance
☑Yes □ No			
companies, or pension or de	ferred compensation plans) u nor an immediate family m	tment fund (including mutual f if: (i) the fund is publicly trac nember are able to control the as n plan.	ded or its assets are wide
Owner of I	nterest	Full Name of Company (Do	not use a ticker symbol
SEF	GILL		
	100		
N. IAT	Alaka		
Adject	Alan		
Alltet	4100		
AHRE	HAM.		
AHKT			
B. Stock Options in a compa	iny or business?		
☐ Yes ☑ No		Full Name of Company (Do	not use a ticker symbol
		Full Name of Company (Do	not use a ticker symbo

☑Yes ☐ No - If "No", proceed	d to question 4.		
Owner of Interest		Name of	Company or Business Entity
SER +	FREHM	ENT	
	mes of any other con	npanies or business	imary company") identified in question sentities in which the primary company
Non-Publicly Owned Company or I (the Primary Compan			nies in which the Primary Company Security or Equity Interests
None or Not Known			
dealings or business contracts description of that business ac	with the State of Notice tivity.	orth Carolina, or is r	3.C(1) above has any material business egulated by the State, provide a brief
Name of Company or Busine IV None or Not Known	ss entity	Description (of Business Activity with the State
trust with a value of \$10,000 or mor Do not list assets held in blind trusts. So Yes No	e that was created, ee 2017 SEI Helpful	established, or cont Tips for the definition	on of "Vested Trust" and "Blind Trust."
Name and Address of Trustee	Description	of the Trust	Your Relationship to the Trust
more, excluding the mortgage on your pr loans, personal loans and intra-family de	rimary personal resid	nbers of your <u>imme</u> ence? Examples inc	diate family have liabilities of \$10,000 or lude credit card debts, auto loans, student
☑Yes □ No			
Name of Debtor (You, Spouse, Im- Member)	mediate Family	Type of Credit	or (Commercial Bank, Credit Union, Individual, etc.)
SEE A	HPCHMEN	J	

The SEI and any attachments, excluding the Confidential Form, are public records.

Page 4 of 10

 List each <u>source</u> of income (r your <u>immediate</u> family <u>during</u> honoraria, interest, dividends, re State and federal tax returns. 	2017. Include salary, wag	es, state/local government re	etirement, professional fees,
Do <u>not</u> include income receiv	ed from the following sou	rces:	
► Capital gains	► Federal g	overnment retirement	
► Military retirement	► Social sec	curity income/SSDI	
Recipient of Income	Name of Source	Type of Business/Industry	Type of Income
I had no reportable income o	ver \$5,000 in 2017.		
		1 6.11	
	E ATTACT	-(Ma-())	
	- HIII		30
PROFESSIONAL AND CIVIC	C RELATIONSHIPS		
purposes? ☐ Yes ☐ No - If "No", ¡ Do not list State boards or en Do not list organizations of wi	tities, or entities created by		ate.
Name of Person	His/Her Position	Name of Nonprofit orporation	Nature of Business or Purpose of Organization
, , , , , , , , , , , , , , , , , , , ,	1111	-	
		,	
			a p antinomitatathiiWiiiiWiiiiiiiiiiiiii q q q q q q q q q
7(b). If the nonprofit corporation State funds, please provide a big reasonably be known.			
Name of Nonprofit Corpora	tion or Organization	Describe State Busine	ss or State Funding
Mone or Not Known			

8. <u>During 2017</u> , were you, y member of any society, organ have jurisdiction?				
	lator/Judicial Officer - You are are a legislator or a judicial o			
▶Do not list organizations of	which you are only a membe	er (not serving in a lea	adership role).	
Name of Person	Name of Society or Advoca			lership Position Micer, Board Member)
9(a). List the name of each co family was an employee, dire				
Name of Person	Relationship to Filer	Name of Co	mpany	Role of Person
No Business Associations	3 1 11 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
HABOUM RETERSON		- BEEKSHEE C		LIC MEMBER
LLDON O CI DETERSON		*CHOPY COPC	XIP LLC	MEMBER
WARDEN GETERSON	4	MORITIME REPORTY	f DEVELOPMEN	WE MEMBER.
HOROCOW HETERIA		CITY MERCT OF	many	mpms.bc.
9(b). If you know that any co business contracts with the S brief description of that busin	state of North Carolina or was			
Name of Company	or Business Entity	Description o	of Business Ac	tivity with the State
☐ Not applicable (No entities	listed on #9a) 🔲 No relat	tionship / Not known		

10. Are you a practicing atto	rney?	the part of the second		
☐ Yes ☑ No ☐ Judio	cial Officer/State Attorney			
If "Yes", check each category legal fees of more than \$10,0		nich you or the law fir	m with which yo	ou are affiliated has earned
☐ Administrative	☐ Admiralty	☐ Corpor	ate	☐ Criminal
☐ Decedent's Estates	Environmental	□Insura	nce	☐ Lab or
☐ Local Government	Real Property	☐ Securit	ties	□Tax
☐ Tort litination (including	□ Utilitles Regulation	on Other (category not lis	teri

negligence)

11. <u>During 2017</u> , wer individually or as a me	mber of a professional associ	lation for which you char	ged or were paid	over \$10,000?
☐ Yes ☐ No				
Туре о	f Business	Natu	re of Services R	endered
***			<u>.</u>	
12. Are you or your em	nployer, your spouse or men	bers of your immediate f	amily, or their en	nployer currently:
	State board or employing en			
 Regulated by the 	State board or employing e	ntity with which you are o	or will be associat	ed o r
 Have a business 	<u>relationship with</u> the State b	oard or employing entity	with which you a	re or will be associated?
`	Legislator/Judicial Officer - ' you are a legislator or a jud are filing as an appointee to	icial officer ("judicial offic	omplete this quest er" is defined in t	tion if you are filing because the SEI Helpful Tips) or you
Name of Pe	rson Ni	me of Employer	Тур	e of Relationship
		(if applicable)		, Regulatory, Business)

	se or a member of your imm	ediate family currently re	distered as a lobb	vist or lobbyist principal, or
were you registered as ☐ Yes ☑ No Name of Lobb	such within the 12 months	ediate family currently re preceding your filing of th byist's Principal	is form? Date of	Registration
Yes No	such within the 12 months	preceding your filing of th	is form?	Registration
Yes No	such within the 12 months	preceding your filing of th	is form? Date of	Registration
Yes No	such within the 12 months	preceding your filing of th	is form? Date of	Registration
Yes No	byist Lob	preceding your filing of th	is form? Date of	Registration
Yes No Name of Lobi OTHER DISCLOSUR 14. During any calenda	byist Lob ES or quarter in 2017 (but only	preceding your filing of th	Date of Registratio	Registration Expiration
Yes No Name of Lobi OTHER DISCLOSUR 14. During any calenda nominated as a candida	byist Lob ES ar quarter in 2017 (but only nate), did you	byist's Principal the time period after you	Date of Registration	Registration Expiration on Expiration , employed or filed or were
Yes No Name of Lobb OTHER DISCLOSUR 14. During any calenda nominated as a candida • receive any "gift(:	byist Lob ES or quarter in 2017 (but only	byist's Principal the time period after you	Date of Registration I were appointed up of persons action	Registration Expiration , employed or filed or were
Pres No Name of Lobi OTHER DISCLOSUR 14. During any calenda nominated as a candida • receive any "gift(south) when both you ar	byist Lob ES ar quarter in 2017 (but only nte), did you s)" exceeding \$200 per quar	byist's Principal the time period after you ter from a person or grou	Date of Registration were appointed time you accepted	Registration Expiration , employed or filed or were and together, and ed the gift(s), and
Ves No Name of Lobi OTHER DISCLOSUR 14. During any calenda nominated as a candidate of the when both you are the gift(s) were g	byist Lob r quarter in 2017 (but only ate), did you s)" exceeding \$200 per quarter de those person(s) were outs	byist's Principal the time period after you ter from a person or grou	Date of Registration were appointed time you accepted	Registration Expiration , employed or filed or were and together, and ed the gift(s), and
Ves No Name of Lobi Name of Lobi OTHER DISCLOSUR 14. During any calenda nominated as a candidate or receive any "gift(so when both you are for lobbying? Yes No	byist Lob r quarter in 2017 (but only ate), did you s)" exceeding \$200 per quarter de those person(s) were outs	the time period after you ter from a person or grouside North Carolina at the nat would lead a reasona	Date of Registration were appointed time you accepted	Registration Expiration , employed or filed or were and together, and ed the gift(s), and
Yes ✓ No Name of Lobi Name of Lobi OTHER DISCLOSUR 14. During any calenda nominated as a candida • receive any "gift(s) • when both you ar • the gift(s) were g for lobbying? ☐ Yes ✓ No Do not report gifts giv Do not report gifts the	byist Lob requarter in 2017 (but only nte), did you s)" exceeding \$200 per quarend those person(s) were outs given under circumstances to the complex of your extends the your exten	the time period after you ter from a person or grounded North Carolina at the nat would lead a reasonal	Date of Registration in the persons acting time you accepted be person to continue to the person to continue the p	Registration Expiration , employed or filed or were no together, and ed the gift(s), and eclude that they were given
Yes ✓ No Name of Lobi OTHER DISCLOSUR 14. During any calenda nominated as a candida • receive any "gift(s) • when both you ar • the gift(s) were g for lobbying? ☐ Yes ✓ No Do not report gifts give	byist Lob requarter in 2017 (but only nte), did you s)" exceeding \$200 per quarend those person(s) were outs given under circumstances to the complex of your extends the your exten	the time period after you ter from a person or grounded North Carolina at the nat would lead a reasonal ended family.	Date of Registration in the persons acting time you accepted be person to continue to the person to continue the p	Registration Expiration , employed or filed or were and the gift(s), and acclude that they were given Secretary of State on the Estimated Market
Pes PNo Name of Lobi Policy Name of Lobi Name of Lobi Policy Name of Lobi Name of Lobi Name of Lobi Policy Name of Lobi Policy Name of Lobi Policy Name of Lobi Name of Lobi Policy Name of Lobi Policy Name of Lobi Policy Name of Lobi Na	byist Lob ES or quarter in 2017 (but only nite), did you s)" exceeding \$200 per quarend those person(s) were outs given under circumstances to the previously been reexempted Persons."	the time period after you ter from a person or grounded North Carolina at the nat would lead a reasonal ended family.	Date of Registration were appointed time you accepte ble person to consepartment of the	Registration Expiration , employed or filed or were no together, and ed the gift(s), and eclude that they were given Secretary of State on the

5. <u>During 2017</u> (lid you	but only the time	e period after you were appo	inted, employe	d, or filed or were n	ominated as a candidate)
	holarship" excee	eding \$200 from a person or	group of perso	ns acting together	and
 those person 	n(s) were outsid	e North Carolina and			
the scholars meeting, o	hip was related r similar event	to your public position? A` L	'scholarship"	is a grant-in-aid (to attend a conference,
☐ Yes I No	Judicial Office	er - You are not required to o al officer appointee.	complete this q	uestion If you are a	judicial officer or you are
"Expense Repo	rt for Exempted	reviously been reported by y Persons."			
► Legislators are or the General /	not required to Assembly is a m	report scholarships paid by ember or participant or an a	a nonpartisan l ffiliate of that (egislative organizat organization.	ion of which the legislator
Date of Scholarship	Name and	Address of Donor(s)	Desc	ribe Event	Estimated Market Value

		*			
16. Were you app Council of State r	pointed or are you	ou being considered for an a	ppointment to	a covered board by	the Governor or another
Council of State	members are	:			
➤ Govern	nor	▶ Lt. Governor		➤ Secretary of S	
➤ State /	Auditor	► State Treasurer		-	nt of Public Instruction
► Attorn	ey General	► Commissioner of A	griculture	► Commissione	r of Labor
➤ Comm	issioner of Insur	ance			
☐ Yes 🗹	No.				
Tf "Yes" list all	contributions	you (NOT <u>immediate</u> fam	ily members)	made during 201	7 with a cumulative
total of more th	an \$1,000 to t	the Governor or other Co	incil of State	member who app	ointed you.
			ada and a decade where we	or limited to "any:	advance conveyance
► Contributions a deposit, distribut whatsoever."	ire defined in N. ion, transfer of I	C.G.S. 163-278.6(6) and inc funds, loan, payment, gift, p	ledge or subsc	ription of money or	anything of value
Date		Amount		Contribute	ed to
No contributio	n(s) with a cum	ulative total of more than \$	1,000		
<u>,</u>	ļ				

Are you an appointee or prospec	tive appointee to:		
a. the head of a principal state of Governor; or	lepartment (e.g. cabinet s	ecretary) appointed by the	
 b. a North Carolina Supreme Co- Court Judge; or 	urt Justice, Court of Appe	als, Superior or District	
c. a member of any of the follow	ving boards:	***************************************	
 ABC Commission 			
 Coastal Resources Comm 	ission		D. W. T. W.
 State Board of Education 			Yes Z-No
 State Board of Elections 			4
 Division of Employment S 	ecurity		If "No", proceed to
 Environmental Manageme 	ent Commission		question 18.
 Industrial Commission 			
Human Resources Comm			L.
Rules Review Commission	1		
Board of Transportation Board of Courses			37- 18- 18- 18- 18- 18- 18- 18- 18- 18- 18
UNC Board of Governors Unitable Commission			
Utilities CommissionWildlife Resources Comm	iccion		
		C	☐Yes ☐No
d. If so, were you appointed or public position by a Council o	are you being considered	of State members are listed	
in question 16.	1 State Interniber: Council	Of Scale Manhatta are notice	If "No", proceed to question 18.
e. If so, you must indicate whe	ther during 2017 you (no	t immediate family	
members) engaged in any o the candidate or campaign o	f the following activities v	vith respect to or on behalf of	
appointed you to your public		J State monitor mis	
•			Yes No
 Collected contributions fr 	om multiple contributors,	took possession of such	
multiple contributions, at	nd transferred or delivered idate or committee? Con] those collected fributions are defined in	
question 16.	leafe of continuence: con	Giodelio di o dell'illo	
ii. Hosted a fundraiser at yo	our residence or place of t	ousiness?	☐ Yes ☐ No
iii. Volunteered for campaig	n-related activities, which	include, but are not limited	
to, phone banks, event a	issistance, mailings, canvi	assing, surveying, or any	☐ Yes ☐ No
other activity that advan	ces the campaign of a car	ndidate?	
18. Have you ever been convicted of	of a felony for which you h	nave not received either: (i) a	pardon of innocence; or (ii) ar
order of expungement regarding th	at conviction?		
☐ Yes ☑ No			
Offense	Date of Conviction	County of Conviction	State of Conviction
19. Are you aware of any other info	rmation that vou believe	may assist the State Ethics Co	mmission in advising you
concerning your compliance with th	e State Government Ethic	cs Act?	
☐ Yes ☐ No If yes, pleas	e provide such information	n Delow.	
	<u>-</u>		
Target and the second			

AFFIRMATION

I affirm that the information provided in this Statement of Economic Interest and any attachments hereto are true, complete, and accurate to the best of my knowledge and belief.

I also certify that I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

I understand that my Statement of Economic Interest and any attachments or supplements thereto (with the exception of the Confidential Form regarding Unemancipated Children) are public record.

I acknowledge that I have read and understand N.C.G.S. 138A-26 regarding concealing or failing to disclose material information and N.C.G.S. 138A-27 regarding providing false information:

§ 138A-26. Concealing or failing to disclose material information.

A filing person who knowingly conceals or knowingly fails to disclose information that is required to be disclosed on a statement of economic interest under this Article shall be guilty of a Class 1 misdemeanor and shall be subject to disciplinary action under G.S. 138A-45.

§ 138A-27. Penalty for false information.

A filing person who provides false information on a statement of economic interest as required under this Article knowing that the information is false is guilty of a Class H felony and shall be subject to disciplinary action under G.S. 138A-45.

Signature

Drinted Name

Date

Submit SIGNED, ORIGINAL documents only.

Do not fax or email this form.



This pertains to Question 3A

BLACKROCK INC INTEL CORP MICROSOFT CORP ABBVIE INC COM ALPHABET INC CL C AMAZON.COM INC AUTOMATIC DATA PROCESSING ACCENTURE PLC IRELAND CLOROX CO EL PASO ENERGY CAP TRUST ENBRIDGE INC CAD **EXXON MOBIL CORP** FACEBOOK INC CL A PROCTER & GAMBLE CO TARGA RESOURCES VISA INC CL A W P CAREY INC REIT

3C:

Owner of Interest Name of Company or Business Entity

Harold W Peterson/50% Riverside Adventure Company

Pamela Dodge/50%

Harold W Peterson/50%. Bluepost Billiards

Harold W Peterson/25%. Old Wilmington City Market

5:

Name of Debtor. Type of Creditor

Pamela Dodge. Auto Lender (Ford Motor Credit)

Harold W Peterson & Commercial Bank (Suntrust Bank)

Pamela Dodge

Harold W Peterson & Commercial Bank (Northwestern Mutual

Insurance Company)

Pamela Dodge

Pamela Dodge Commercial Bank (UBS Line of Credit)

Recipient Name of Source Type of Business Type of Income Harold Peterson Riverside Adventure Co. Resort/Tourism. Salary Harold Peterson. Blue Post Ilc. Sports Bar. **Dividends** Resort/Tourism. Riverside Adventure. Co. Pamela Dodge. Salary Pamela B Adams Family Trust. Trust. Pamela Dodge. Dividends The Adam Family Family Trust. Trust. Pamela Dodge. **Dividends Morning Light** Rental Property. **Harold Peterson** Rental Income & Pamela Dodge Harold Peterson. 8 Market St. Rental Property. Rental income & Pamela Dodge **Property Management** Harold Peterson. South Water Ilc.

Rental Income

& Pamela Dodge